

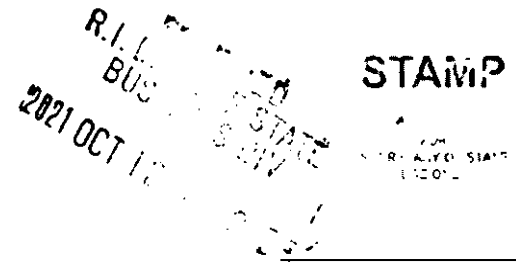


State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2016  
 Limited Liability Company

- Filing period: September 1 - November 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.



1. Entity ID Number <b>000119944</b>		2. Exact name of the Limited Liability Company <b>K &amp; S CARTER BROS REALTY LLC</b>	
3. NAICS Code 531190,		4. Brief description of the character of business conducted in Rhode Island PROPERTY OWNER/MANAGER. GC	
5. State of Formation RHODE ISLAND			
6. Principal Office Address 188 B PASCOAG MAIN ST		City PASCOAG	State RI Zip 02859
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name CARA L CARTER		Contact Title MEMBER	
Street Address 188 B PASCOAG MAIN ST		City PASCOAG	State RI Zip 02859
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name CARA L CARTER		Manager Name KEVIN J CARTER	
Street Address 125 LAUREL HILL AVE		Street Address 125 LAUREL HILL AVE	
City PASCOAG	State RI	Zip 02859	City PASCOAG State RI Zip 02859
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City State Zip
Check the box to indicate an attachment <input type="checkbox"/>			
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Person CARA L CARTER		Date 10/4/2021	
Signature of Authorized Person <i>Cara L. Carter member</i>			

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

OCT 12 2021

BY *QA9QE*

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